

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE 0418		2. PERSON REPRESENTED BARNEY SCOTT PASCHALL		VOUCHER NUMBER 0418.0453905	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:17-CR-00053-9-CCE		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. BOST et al		8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 21:846=CD.F	
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix) AND MAILING ADDRESS Robert J. Higdon, Jr. - Bar Number: 17229 301 Fayetteville Street Suite 1700 Raleigh, NC 27601 Phone: 919.981.4023			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR Other (See Instructions) _____ Joe L. Webster /S/ _____ Signature of Presiding Judge or By Order of the Court 3/7/2017 _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Williams Mullen - TIN: XX-XXXXXXX 4721 Emperor Blvd., STE. 250 Durham, NC 27703 Phone: 919.981.4023					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
In Court	a. Arraignment and/or Plea	6.40	\$825.60		
	b. Bail and Detention Hearings	4.60	\$593.40		
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings	5.20	\$686.40		
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(RATE PER HOUR = \$ 129.00, 132.00) TOTALS		16.20	\$2,105.40		
Out of Court	a. Interviews and Conferences	25.50	\$3,310.80		
	b. Obtaining and reviewing records	62.80	\$8,109.30		
	c. Legal research and brief writing	4.60	\$605.40		
	d. Travel time	17.80	\$2,340.60		
	e. Investigative and other work (Specify on additional sheets)	0.20	\$25.80		
(RATE PER HOUR = \$ 129.00, 132.00) TOTALS		110.90	\$14,391.90		
17.	Travel Expenses (lodging, parking, meals, mileage, etc)		\$897.22		
18.	Other Expenses (other than expert, transcripts, etc)		\$4.00		
GRAND TOTALS (CLAIMED AND ADJUSTED)			\$17,398.52		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 3/10/2017 TO: 9/28/2017			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number 0 <input type="checkbox"/> Supplemental Payment <input type="checkbox"/> Withholding Payment (---) (---) Have you previously applied to the court for compensation and/or reimbursement for this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney Robert J. Higdon, Jr. /S/ Date 10/20/2017					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP. \$2,105.40	24. OUT OF COURT COMP. \$14,391.90	25. TRAVEL EXPENSES \$897.22	26. OTHER EXPENSES \$4.00	27. TOTAL AMT. APPR./CERT. \$17,398.52	
28. SIGNATURE OF THE PRESIDING JUDGE Catherine Eagles /S/			DATE 11/8/2017	28a. JUDGE CODE 1814	
29. IN COURT COMP. \$2,105.40	30. OUT OF THE COURT COMP. \$14,391.90	31. TRAVEL EXPENSES \$897.22	32. OTHER EXPENSES \$4.00	33 TOTAL AMT. APPROVED \$17,398.52	
34 SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount Roger L. Gregory /S/			DATE 11/27/2017	34a. JUDGE CODE -421	CERTIFIED AMT. \$17,398.52